Division of Corporations

Department of State

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(((H25000084857 3)))



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Division of Corporations

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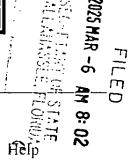
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To:

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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	Speridian Tech	nologics I	LC				
2. (a)	2400 Louisiana Blvd. NE Bldg 3		(b)	2400 Louisiana	Blvd. NE Bldg 3			
(,	Principal office address of limited liab (<u>Note: MUSI BE STREET AL</u>		(*/.	Mailing a	ddress of limited liab MAYBE POST OF		<i>r</i> :	
	Albuquerque, New Mexico 87110			Albuquerque, No	ew Mexico 87110) 		
	11/5/2013			M13000007052				
3.	Date of filing/registration in l	Florida	4.	Docum	ient number		,	
5. (a)	Pillai, Hari							
, ,	Registered Agent and Registered Office shows	on the records of th	he Florida D	ept. of State:				
	5455 North Federal Highway, Suite I	E						
	Registered Office Address (MUST BE FL)	ORIDA STREET A	DDRESS)			SECT	2025 H	•
	Boca Raton	, FL	33487		,.		MAR -	7
(b)	Business Filings Incorporated				į		oς Para	
	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered C	Office addre	<u>ss</u> :	•	. 0,	င္ပာ	
	1200 South Pine Island Road				ન		202	
	NEW Registered Office Address:	-			t, :	.*		
	Plantation	T.	33324					
		, FL						
the char	mited liability company is not organize nge or changes are made, the Florida st ill be identiful. Or, in the case of a Flo re authorized by an affirmative vote of cles of organization of the operating ag	reet address of the	he register fility com	ed office and the	business office of confirmed that the	of the regist	ered	
	- Parz		Girisl	Panicker, Memb				
-	are of a member or authorized representative of				or typed name of sign			
ющиеа	y accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered agive reflect a change in the registered off in writing of this chan		e to act in erformanc for in Cha reby confi	this capacity. I f a of my duties, a pter 605, F.S. O rm that the limite	Surther agree to cond I am Jamiliar word in Jamiliar word in this document ad liability compa	omply with with and ac it is being f any has bee	the reept îled m	
•	e of Registered Agent s Das, AVP, Business Filings Incorporat							
Ciri	Division of Corpora			Tallahassee, FL.	32314			

INHS18 (2/14)